



May 11, 2021

Web Announcement 2500

Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies):

Procedure Code A5131 Claims Limitation

Effective with claims processed on or after May 1, 2021, claims submitted by provider type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies) for procedure code A5131 (Appliance cleaner, incontinence and ostomy appliances, per 16 oz.) will no longer deny in error with error code 5552 (3 units allowed per rolling month – PA override). The limitation for procedure code A5131 remains as 1 unit per rolling month with a prior authorization override.

DME providers are reminded that claims are processed in the Medicaid Management Information System (MMIS) per National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUE). Medicaid MUEs are units-of-service edits for practitioners, ambulatory surgical centers, outpatient hospital services and durable medical equipment. Billed claim lines with a unit-of-service value greater than the established MUE value for the procedure code are denied payment in their entirety.